



Application No. 09/905,593
Amendment dated July 9, 2004
Reply to Office Action of March 31, 2004

Application No.: 09/905,593
Applicant: Lynn E. Vanatta
Filed: July 13, 2001
Title: METHOD FOR THE DETERMINATION OF LOW-
CONCENTRATION ANIONS IN THE PRESENCE OF
AN EXCESS OF ANOTHER ANION
TC/A.U.: 1743
Examiner: Samuel P. Siefke
Docket Number: Serie 5739
Customer No.: 40582

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of March 31, 2004, please amend the application as follows:

Amendments to the Specification are not included in this paper.

Amendments to the Claims are reflected in the listings of claims, which begin on page 2 of this paper.

Amendments to the Drawings are not included in this paper.

Remarks/Arguments begin on page 14 of this paper.

In re application of: Lynn E. Vanetta

Serial No: 09/905,593

Filed: July 13, 2001

For: METHOD FOR THE DETERMINATION OF LOW-CONCENTRATION ANIONS IN THE
PRESENCE OF AN EXCESS OF ANOTHER ANION

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA CLAIMS
TOTAL	* 13	MINUS	** 32	=	0
INDEP.	* 6	MINUS	*** 12	=	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY

RATE	ADDIT. FEE
x 9 =	\$
x 40 =	\$
+135 =	\$
TOTAL ADDIT. FEE	\$

OR

OTHER THAN A SMALL
ENTITY

RATE	ADDIT. FEE
x 18 =	\$ 0
x 80 =	\$ 0
+270 =	\$
TOTAL	\$ 0

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 01-1375 in the amount of \$ 0.00. A duplicate copy of this sheet is attached.


☐ A check in the amount of \$ _____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 01-1375. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

RESPECTFULLY SUBMITTED,


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